

REQUEST FOR PUBLIC RECORDS INFORMATION

Requestor's Name _____

Company Name _____

Address, City, State, Zip _____

Today's Date _____ Phone _____

Incident Date _____

Incident Address _____

List Person(s) Involved _____

In order to process your request in a timely manner, please review the following information:

- Attach an authorization for the release of medical information from the patient, patient's family (if a minor), patient's spouse (if deceased) or legal guardian.
- If you are requesting your own medical records, in addition to this form, we will need a written statement on a separate sheet of paper with the following information: your name, date of birth, address, phone number, social security number, driver's license number, the date of incident, the location of the incident; a brief statement requesting your medical records; your printed name and your signature.
- Our attorney will review the request, which will cause a delay in the process.

Please submit this form and authorization/written statement to:

Addison Fire Department

Attention: Custodian of Records

4798 Airport Parkway

Addison, TX 75001

You will be contacted regarding the cost of the records. You may review the *Copy Charge Schedule* as set by The Town of Addison.

*****DO NOT WRITE BELOW THIS LINE*****

The following information was provided: _____

Information Compiled By: Monica Hernandez, Custodian of Records

Date: _____